

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580016

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		6				
17		0				
18		1				
19		1				
20		1				
21		1				
22		1				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				0		
52				0		
53				1		
54				2		
55				2		
56				0		
57				0		
58				0		
59				0		
60				0		
61				0		
62				0		
63				0		
64				0		
65				0		
66				0		
67				0		
68				0		
69				0		
70				0		
71				0		
72				0		
73				0		
74				0		
75				0		
76				0		
77				0		
78				0		
79				0		
80				0		
81				0		
82				0		
83				0		
84				0		
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	2	←		←
TOTAL CLAIMS			100			
TOTAL CLAIMS			1.02			